

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lawrence Martin
 Name
 (2) PO Box 120336
 Address (number and street)
Fort Lauderdale, FL 33312
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

OCT 23 2019

CITY CLERK'S OFFICE

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Lauderhill City Commissioner, Seat 1

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 09 / 01 / 2019 To 09 / 30 / 2019 Report Type: M9

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 200 . 00

Total Monetary \$ _____ , _____ , 200 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 312 . 70

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 312 . 70

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 550 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 342 . 98

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Barbara Gayle

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Barbara Gayle
 Signature

(Type name) Lawrence Martin

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lawrence Martin (2) I.D. Number _____

(3) Cover Period 09 / 01 / 2019 through 09 / 30 / 2019 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
09 / 16 / 2019	Lawrence Martin PO Box 120336 Ft. Lauderdale, FL 33312	Individ	Retired	Cash, loan			\$200.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lawrence Martin

(2) I.D. Number _____

(3) Cover Period 09 / 01 / 2019 through 09 / 30 / 2019

(4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
09 / 16 / 2019	Ofis Copy & Shipping 5225 NW 29th Avenue Miami, FL 33142	Printing	Printing		\$312.70
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